

PATENT APPLICATION

**PRESSURE TRANSMISSION CATHETERS
FOR IMPLANTABLE PRESSURE SENSORS**

Inventor(s): Christopher Quinn, residing at
117 Portland Avenue, #605
Minneapolis, MN 55401

Tanya Shipowitz, residing at
1688 Juliet Avenue
St. Paul, MN 55105

Justin Van Hee, residing at
4921 Drew Avenue S., #106
Minneapolis, MN 55410

Alyse Stofer, residing at
2905 Aldrich Trail
Woodbury, MN 55125

Lynn Zweirs, residing at
6432 Karth Road
Lino Lakes, MN 55038

Jeff Santer, residing at
1101 81st Avenue N.E.
Spring Lake Park, MN 55432

Andrea Wegner-Asleson, residing at
7090 Redwing Lane
Chanhassen, MN 55317

Brian Brockway, residing at
4339 Nancy Place
Shoreview, MN 55126

Art Foster, residing at
6926 Tourville Circle
Centerville, MN 55038

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Scott Lambert, residing at
19477 Rochster St. N.E.
East Bethel, MN 55011

Craig Aardahl, residing at
6393 Mineral Point
Lino Lakes, MN 55038

Scott Erickson, residing at
5012 S. Beard Avenue
Minneapolis, MN 55410

Michael Holtz, residing at
323 Parkview Lane
Maplewood, MN 55119

Douglas Crowe, residing at
12333 Radisson Road
Blaine, MN 55449

Robert Busch, residing at
21244 Victory Lane
Taylors Falls, MN 55084

Brian Pederson, residing at
15020 Drake Street, N.W.
Andover, MN 55304

Soon Park, residing at
74 Via Los Altos
Tiburon, CA 94920-2001

Seog Jae Lee

Assignee: Transoma Medical, Inc.
4211 Lexington Avenue, N. #2244
St. Paul, MN 55126

Entity: Small Business Concern

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PRESSURE TRANSMISSION CATHETERS FOR
IMPLANTABLE PRESSURE SENSORS

Attorney Docket Number:: 021628-000910US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Christopher
Middle Name::
Family Name:: Quinn
Name Suffix::
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 117 Portland Avenue, #605
City of Mailing Address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55401

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Tanya
Middle Name::
Family Name:: Shipowitz
Name Suffix::
City of Residence:: St. Paul
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 1688 Juliet Avenue
City of Mailing Address:: St. Paul
State or Province of mailing address:: MN

Country of mailing address:: US
Postal or Zip Code of mailing address:: 55105

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Justin
Middle Name::
Family Name:: Van Hee
Name Suffix::
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 4921 Drew Avenue S., #106
City of Mailing Address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55410

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Alyse
Middle Name::
Family Name:: Stofer
Name Suffix::
City of Residence:: Woodbury
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 2905 Aldrich Trail
City of Mailing Address:: Woodbury

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55125

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Lynn
Middle Name::
Family Name:: Zweirs
Name Suffix::

City of Residence:: Lino Lakes
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 6432 Karth Road
City of Mailing Address:: Lino Lakes
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55038

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Jeff
Middle Name::
Family Name:: Santer
Name Suffix::
City of Residence:: Spring Lake Park
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 1101 81st Avenue N.E.

City of Mailing Address:: Spring Lake Park
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55432

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Andrea
Middle Name::
Family Name:: Wegner-Asleson
Name Suffix::

City of Residence:: Chanhassen
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 7090 Redwing Lane
City of Mailing Address:: Chanhassen
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55317

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Brian
Middle Name::
Family Name:: Brockway
Name Suffix::
City of Residence:: Shoreview
State or Province of Residence:: MN
Country of Residence:: US

Street of Mailing Address:: 4339 Nancy Place
City of Mailing Address:: Shoreview
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Art
Middle Name::
Family Name:: Foster
Name Suffix::

City of Residence:: Centerville
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 6926 Tourville Circle
City of Mailing Address:: Centerville
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55038

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Scott
Middle Name::
Family Name:: Lambert
Name Suffix::
City of Residence:: East Bethel
State or Province of Residence:: MN

Country of Residence:: US
Street of Mailing Address:: 19477 Rochster St. N.E.
City of Mailing Address:: East Bethel
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55011

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Craig
Middle Name::
Family Name:: Aardahl
Name Suffix::
City of Residence:: Lino Lakes
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 6393 Mineral Point
City of Mailing Address:: Lino Lakes
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55038

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Scott
Middle Name::
Family Name:: Erickson
Name Suffix::
City of Residence:: Minneapolis

State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 5012 S. Beard Avenue
City of Mailing Address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55410

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Holtz
Name Suffix::
City of Residence:: Maplewood
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 323 Parkview Lane
City of Mailing Address:: Maplewood
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55119

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Douglas
Middle Name::
Family Name:: Crowe
Name Suffix::

City of Residence:: Blaine
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 12333 Radisson Road
City of Mailing Address:: Blaine
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55449

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Robert
Middle Name::
Family Name:: Busch
Name Suffix::

City of Residence:: Taylors Falls
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 21244 Victory Lane
City of Mailing Address:: Taylors Falls
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55084

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Brian
Middle Name::
Family Name:: Pederson

Name Suffix::
City of Residence:: Andover
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 15020 Drake Street, N.W.
City of Mailing Address:: Andover
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55304

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Soon
Middle Name::
Family Name:: Park
Name Suffix::
City of Residence:: Tiburon
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 74 Via Los Altos
City of Mailing Address:: Tiburon
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94920-2001

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Seog Jae
Middle Name::

Family Name:: Lee

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	10/077,566	02/15/02
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/454,823	03/12/03

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::	Transoma Medical, Inc.
Street of mailing address::	4211 Lexington Avenue, N. #2244
City of mailing address::	St. Paul

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126